



Indiana State Board of Nursing  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: [www.PLA.IN.gov](http://www.PLA.IN.gov) Email: [pla2@pla.in.gov](mailto:pla2@pla.in.gov)

Governor Mitchell E. Daniels, Jr.

### ANNUAL REPORT FOR PROGRAMS IN NURSING

**Guidelines:** An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

**Purpose:** To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions:** To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN X ASN \_\_\_\_\_ BSN \_\_\_\_\_

Dates of Academic Reporting Year: 1/1/2011 to 12/31/2011  
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Practical Nursing, Ivy Tech Community College

Address: 4301 S. Cowan Rd, Muncie, IN 47302

Dean/Director of Nursing Program

Name and Credentials: Susan E. Nelson, MSN, RN, WCC, CLNC

Title: Dean, School of Nursing, Region 06

Email: senelson@ivytech.edu

Nursing Program Phone #: 765-643-7133, ext. 2312

Fax: 765-284-8306

Website Address: http://www.ivytech.edu

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): Facebook

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NLNAC October 11-14, 2010

If you are not accredited by NLNAC or CCNE where are you at in the process? \_\_\_\_\_

### SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- |   |                     |
|---|---------------------|
| 1) Change in ownership, legal status or form of control   | Yes ___ No <u>X</u> |
| 2) Change in mission or program objectives  | Yes ___ No <u>X</u> |
| 3) Change in credentials of Dean or Director  | Yes ___ No <u>X</u> |
| 4) Change in Dean or Director   | Yes ___ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director   | Yes ___ No <u>X</u> |
| 6) Change in program resources/facilities   | Yes ___ No <u>X</u> |
| 7) Does the program have adequate library resources?  | Yes ___ No <u>X</u> |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes ___ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response)  | Yes <u>X</u> No ___ |

**SECTION 2: PROGRAM**

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing  Stable  Declining

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?  
\_\_\_\_\_  
\_\_\_\_\_

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes  No

2B.) If **not**, explain how you assess student readiness for the NCLEX.  Completion of ATI Comprehensive Predictor examination is tied to course completion. Mandatory ATI Live Reviews required for all completing ASN students along with individual exit interviews with Program Chair/Asst. Chair, regularly scheduled leveled proctored and non-proctored examinations with mandatory remediation of content areas that are below 90% benchmark. \_\_\_\_\_

2C.) If **so**, which exam(s) do you require?  
\_\_\_\_\_

2D.) When in the program are comprehensive exams taken: Upon Completion   
As part of a course  Ties to progression or thru curriculum

2E.) If taken as part of a course, please identify course(s): \_\_\_\_\_

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: Recruiting and retaining adjunct faculty that are fully credentialed is difficult. Currently we are searching for adjuncts experienced in maternal/child and medical/surgical/acute and acute care nursing. Although this issue could warrant a decrease in clinical availability for students, to date this has not been a necessary action taken. \_\_\_\_\_

B. Availability of clinical placements: \_\_\_\_\_  
\_\_\_\_\_

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): \_\_\_\_\_  
\_\_\_\_\_

4.) At what point does your program conduct a criminal background check on students?  
 Upon initial admission into the program prior to the first clinical placement. \_\_\_\_\_

5.) At what point and in what manner are students apprised of the criminal background check for your program? Criminal background information is provided in an ongoing fashion and begins with initial inquiries about the nursing program and student/advisor meetings with potential students interested in nursing programs. Information is disseminated to students during nursing information sessions and can be accessed at any time via the Ivy Tech

Community College website. Incoming nursing students are again provided with information, in a more specific manor, related to the process and deadlines for submission of information, during mandatory New Student Orientation sessions held shortly before beginning the program. Crininal background information is available in the East Central Region Nursing Program Information Packet and is always available to walk-ins at the School of Nursing and accessible on-line to anyone who is interested or requiring this information. \_\_\_\_\_

**SECTION 3: STUDENT INFORMATION**

1.) Total number of students admitted in academic reporting year:

Summer \_\_\_\_\_ Fall 30 Spring 20

2.) Total number of graduates in academic reporting year:

Summer 19 Fall 19 Spring \_\_\_\_\_

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report.

4.) Indicate the type of program delivery system:

Semesters X Quarters \_\_\_\_\_ Other (specify): \_\_\_\_\_

**SECTION 4: FACULTY INFORMATION**

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

<b>Faculty Name:</b>	Della J. Busby
<b>Indiana License Number:</b>	28104983A
<b>Full or Part Time:</b>	Part-time status
<b>Date of Appointment:</b>	July 28, 2011
<b>Highest Degree:</b>	MSN NP
<b>Responsibilities:</b>	Clinical instruction.
<b>Faculty Name:</b>	
<b>Indiana License Number:</b>	

<b>Full or Part Time:</b>	
<b>Date of Appointment:</b>	
<b>Highest Degree:</b>	
<b>Responsibilities:</b>	

<b>Faculty Name:</b>	
<b>Indiana License Number:</b>	
<b>Full or Part Time:</b>	
<b>Date of Appointment:</b>	
<b>Highest Degree:</b>	
<b>Responsibilities:</b>	

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 8
2. Number of part time faculty: \_\_\_\_\_
3. Number of full time clinical faculty: \_\_\_\_\_
4. Number of part time clinical faculty: \_\_\_\_\_
5. Number of adjunct faculty: 5

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0
2. Number with master's degree in nursing: 10
3. Number with baccalaureate degree in nursing: 3
4. Other credential(s). Please specify type and number: \_\_\_\_\_

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13?

Yes X No \_\_\_\_\_

E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Susan E. Nelson

8-27-12

Signature of Dean/Director of Nursing Program

Date

Susan E. Nelson MSN, RN, WCC, CLNC

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

## Section 1 – Administration

9. Ivy Tech Community College – Muncie initiated NRS 126 Mental Health Nursing didactic ( 2 credit hours) and NRS 127 Mental Health Nursing clinical (1 credit hour) into PN program curriculum during 2011-2012 academic year. NRS 114 Trends and Issues, a hybrid course, was phased out of the curriculum and NRS 128 Practice issues for Practical Nursing (2 credit hours) was added as CAPSTONE course.

Mandatory ATI Live Review was incorporated into NRS 128 Practice Issues for Practical Nursing course which is offered only during student’s final semester.

## Section 4 – Faculty Information

- E. 1. List of faculty no longer employed in Region 06 Muncie PN Program:

Christa Wall

Lea Anna Wechsler

Becky Hudson

# ORGANIZATIONAL CHART



